



Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

Patients must have **ONE** of the following:

1. Cerebral and peripheral ischemia associated with arterial spasm
2. Myocardial ischemia complicated by arrhythmias

AND ALL of the following:

- a. The requested **ORAL** dose does not exceed 150mg/unit
- b. The requested **INJECTABLE** solution does not exceed 30mg/ml.
- c. The requested strength is not commercially available
- d. **NOT** administered via intracavernosal injection
- e. **NOT** administered topically

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above